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				Robyn F.	Badman	(Depositor's name)
				John	Bulua	(Signature)
				November	20, 2008	(Date)
APPLICATION NO.	TION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/552,151 10/07/2005		Vittorio Patrono		5722	9157	
TITLE OF INVENTION	: ROTARY ENGINE FO	OR MOTOR VEHICLES	WITH VERY LOW CON			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	12/29/2008
EXAMINER ART U		ART UNIT	CLASS-SUBCLASS			
TRIEU, THAI BA 3748		3748	123-200000			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1353).  Change of correspondence address (or Change of Correspondence Address form PTOSB/12) attached.  "Fee Address" indication (or "Fee Address" Indication form PTOSB/17, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered survey) or agents. If no name is intend, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Please check the appropriate assignee eategory or eategories (will not be printed on the patent): 🔲 Individual 🔲 Corporation or other private group entity 🔲 Government						
4a. The following fee(s) are submitted:    State Fee   State Fee			tb. Payment of Fee(s): (Pleuse first reupply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credic and. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1_9_2_1_1_0			
	s SMALL ENTITY state	is. See 37 CFR 1.27.	☐ b. Applicant is no long	ger claiming SMAL	L ENTITY status. See 37 (	CFR 1.27(g)(2).
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